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ABSTRACT

A study investigated speech anxiety in the basic speech course by means of pre and post essays. Subjects, 73 students in 3 classes in the basic speech course at a southwestern multiuniversity, wrote a two-page essay on their perceptions of their speech anxiety before the first speaking project. Students discussed speech anxiety in class and were given instruction in breathing and relaxation exercises. Before each speaking assignment, references were made to this discussion and to the breathing and relaxation exercises. At the end of the semester, subjects completed a questionnaire designed on the basis of the information in the pre-essay. A final essay assignment was given, to be completed outside of class. Results indicated that: (1) students felt there should be a unit on stage fright; (2) students felt that any discussion about stage fright was helpful; (3) the level of student speech anxiety was higher at the beginning of the semester than at the end; (4) physical and psychological symptoms of student speech anxiety changed from the beginning to the end of the semester; (5) a positive correlation existed between individual student self-reported levels of speech anxiety and peer-reported levels of individual student speech anxiety; and (6) student-reported levels of speech anxiety was correlated with their delivery grades. (Numerous excerpts from student essays, data from the questionnaire, and 11 specific recommendations for controlling speech anxiety are included; 25 references are attached.) (RS)

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SPEECH ANXIETY: THE IMPORTANCE OF IDENTIFICATION IN THE BASIC SPEECH COURSE

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SPEECH ANXIETY: THE IMPORTANCE OF IDENTIFICATION IN THE BASIC SPEECH COURSE

Speech anxiety is a problem faced by many university students. For some, the emotional trauma involved from giving speeches can cause hurt that will be long remembered. Avoidance of future speaking opportunities may be the result. McCroskey (1977a) found that as many as 20% of the students enrolled in university classes had significant problems with speech anxiety. The subject of speech anxiety has generated much research. But more needs to be done.

As instructors in the basic speech communication course, it is easy to concentrate on performance and content and to ignore students' speech anxieties. Since, in most cases, some individual improvement results over the course of the semester, one might conclude that speech anxiety is something that students overcome with practice. Stacks and Stone (1984) reported that the results of their study showed "that a course in speech communication does positively affect the high communication apprehensive student." Is this anticipated improvement enough, or should there be more? A student reported:

> It is no secret in our class that I have stage fright, severe stage fright. I usually don't eat very much for the 24 hours preceding the speech. I get nauseous, and I experience most of the symptoms given in the questionnaire. I compare a program without stage fright information to the farmer who takes his kids out in a boat and throws them over the side to teach them how to swim. Some will swim with ease, some will have to work a little harder, and some will drown. Some of those who did learn to swim may be so traumatised from the experience that they will avoid water whenever possible for the rest of their lives.

There is a responsibility for instructors to be able to understand speech anxiety, to be able to identify it, to find out if it impedes learning, and to be willing to confront the problem by providing interventions to alleviate it. Identification is not always simple. Neer (1987) stated that "identifying apprehension often appears to be even more difficult than developing effective treatments for apprehension."

This research project explored new ways for instructors to identify speech anxiety in their students in order to provide students with healthy attitudes towards speaking encounters. The investigation was a response to a recommendation in the literature for more research addressing the subject of speech anxiety.

Definitions

There are different terms used to define speech anxiety in the literature, some with broad based definitions. One of the first terms was stage fright. Clevinger (1955) defined stage fright as "any emotional condition in which emotion overcomes intellect to the extent that communication is hampered, either in audience reception or in speaker self expression, where the immediate objective or stimulus of the emotion is the speech-audience situation."

Broader definitions included communication apprehension, speech state anxiety and communication reticence. Communication apprehension was defined as the "level of fear or anxiety associated with either real or anticipated communication with another person or persons (McCroskey, 1977)." Beatty and Andriate (1985) defined the term speech state anxiety as "anxiety evoked and actually experienced during public speaking." Burgoon (1987) defined and used the term, communication reticence. This is the anxiety of students who perceive audience members and teachers as critics, and in some cases their superiors. Buss (1980), referred to "fear, tension, and disorganization in front of an audience." Glaser (1981) stated, "Clearly, there are differences between stage fright, or public speaking anxiety, and a more generalized cross-situational fear and avoidance or oral communication." Sometimes the terms were used interchangeably, and the definitions included both public speaking and speech anxiety with general communication anxiety.

Identification

Public speaking anxiety is not always clearly identifiable. In a study by Behnke, Sawyer and King, findings indicated that "(1) speakers report higher levels of performance anxiety than is attributed to them by their audiences, and (2) the level of speaker anxiety is not very accurately detected by these audiences." They further concluded that, "Students in beginning speech courses are concerned that the anxiety which they feel during public speaking will be communicated to their audiences" - despite their findings that "untrained audiences are not very good at detecting the self-perceived anxiety of beginning speakers."

For assistance in identification of speech anxiety, instructors have self report scales available. Allen (1989) presented a list of 28 self report scales which are frequently used to identify speech apprehension problems. He included the following six scales in his analysis: (1) Personal Report of Confidence in Speaking/PRCS; (2) Fear Thermometer/FT; (3) Anxiety Differential/AD; (4) Personal

Report of Communication Apprehension/PRCA - (McCroskey, 1985); (5) Stimulus-Response Inventory of Anxiousness (Speech)/SRIA (S); (6) Affect Adjective Checklist/AACL. He described each of these, and separated them into two clusters (PRCS, PRCA, AD and FT, SRIA (S), AACL). Allen then associated the self report scales with 7 treatments, described in the next section on interventions.

Content validity is an important consideration. The PRCA-24, for example, has high content validity (McCroskey, Beatty, Kearney and Plax, 1985) in the area of communication apprehension (The last 8 statements on this instrument concern feelings about giving speeches, useful in the basic course.).

Identification is a problem. Neer (1987) stated that "identifying apprehension often appeared to be even more difficult than developing effective treatments for apprehension." He discussed the Class Apprehension about Participation Scale (CAPS) which has two dimensions: communication participation and communication confidence. Daly (1978a) stated that "Identifying the anxious individual may require more than a singular measure."

In an article about nonverbal communication and perceptions of speech reticence (Burgoon, Pfau, Birk, and Manusov, 1987), it was noted that despite negative nonverbal behaviors (more rigidity, stiffness, etc.), "Acquaintances merely see the reticent as less composed and extraverted, not as less competent, trustworthy or sociable, while friends, possibly out of sympathy, may actually compensate for a reticent's avoidant and anxious behavior and perceive the reticent as more attractive, competent and intimate than nonreticents. This support might account for students greater comfort in speaking over the course of the semester.

In the identification of students with speech anxiety, it was found "that males and females with relatively less confidence in themselves nonetheless seem generally better able to tap into the emotional meanings in spoken messages (Clark, 1989)." This might indicate that some of the more reticent students could actually be more sensitive when it comes to listening to others.

Speech anxiety appears to be related to how students perceive their own abilities in regard to speaking. Ayres (1986) studied the following propositions: "The more one's perceived communication ability falls below one's perception of others' expectations in a given public speaking situation, the higher one's level of stage fright. A corollary of this proposition is: The more one's perceived communication ability exceeds one's perception of others'

expectations in a given public speaking situation, the lower one's level of stage fright." Based on three studies by Ayres, it was found that, "Providing people with evidence that their expectations are higher than the expectations the audience actually holds affects the level of stage fright that the person reports (He used the correlation of students' scores on the PRCS and the PSA instruments.)

Using the responses to the Communication Anxiety Graph (Brownell and Katula, 1984), it was found that speech anxiety was a changing phenomenon and varied from the person's state of mind immediately prior to the speech, through the introduction, the body, the conclusion and the question answer period. Since this peak period differs among people, different treatments might be necessary. The results of this study showed that there was a change in peak times. It also revealed "that females are slightly more apprehensive about public speaking than males" which supports other studies of this kind. Interventions were detailed for teachers to use at these various stages.

Interventions

Much has been written about treatment for stage fright and related speaking anxieties. Early speech experiences, and the way they are handled, are of critical importance. Based on the findings of Beatty and Andriate, "teachers should be especially careful when requiring public speaking performance in classes heavily populated by inexperienced speakers because the early experiences are important in the development of CA." Beatty (1989) stated that "teachers need to deal directly with the students who are predisposed to feel subordinate to the audience." He further stated that as a result of his study, a conclusion might be "that public performance should not be required unless methods to reduce students' self-consciousness are available. Repeated performance does not result in increased confidence for these students." Beatty furthered this by saying, "Mindful that most students enroll in public performance courses either because they are required or to gain confidence, it would appear that our advice concerning emotional reactions to communication performance ought to be up to the level of our technical expertise concerning preparation and delivery."

There are a variety of intervention options which can be used in a public speaking class. Research indicated that all methods produce results.

The treatments that Allen (1989) suggested were: Systematic desensitization (SD); cognitive modification (CM); skills training through education (SK); and combinations of them (CM & SK; SD & ST; SD & CM and CM, SD & SK). His

conclusions were that all forms of treatment were effective in the reduction of the anxiety associated with public speaking. The least effective method was skills training by itself. Any treatment was better than no treatment.

Another method of reducing speech anxiety was Ayre's VIS, visualization intervention (1989, 1990). Ayres reported that VIS is an easy procedure for the classroom instructor. The 1989 study was designed to find out if it was VIS or simply extra attention that linked reduction in communication apprehension. Ayres pointed out that most of the treatment procedures are not designed for speech classrooms and "are designed for out-of-class or special classroom settings under the guidance of trained personnel (Ayres, 1989)." He used the pre/post measure, the PRCA 24 (McCroskey, 1982) to test his theories, and provided the visualization script for an informative speech as an example of this intervention procedure (Ayres and Hopf, 1989).

As an intervention to reduce anxiety, Beatty (1988), used audio-taped versions of successful or unsuccessful models of speeches and an intervention to reduce anxiety. To eliminate possible uncertainly about the expectations of student performance, videotapes might be used. The results indicated that the unsuccessful models, where student speakers exhibited problems, might benefit moderate to low apprehensive students. The successful models were found not to be as beneficial, especially for the more apprehensive student. The study did reveal that ambiguity about what was expected for performance did contribute to audience anxiety. Lake and Adams (1984) found that "use of the VTR did not generate a significant change in anxiety, exhibitionism, and reticence."

In some of the literature, instructors addressed speech anxiety in their classes, while at some institutions the problem was handled in special sections for students with speech anxiety problems. Booth-Butterfield (1988) noted that "most instructors do not have the training, time, or resources for the treatment approach" and that speech anxiety "is no longer a psychological disturbance," but an "instructional challenge." Gibson, Gruner, Hanna, Smythe, and Hayes reported from a survey of speech course instructors (including public speaking, interpersonal communication and small group communication) that from 33 to 49 per cent did devote significant time to talking about speech anxiety . Also special treatment programs and special sections of the basic course for students with perceived speech apprehension were available at some universities and colleges (Foss, 1982).

Speech anxiety was also considered in the process of

critiquing speeches. It was found that classroom critiques could contribute to the speaker's anxiety. Kougl (1980) stated that public critiques of speeches are often worrisome for the apprehensive student and inhibit progress."

Of great concern is the lack of information on speech anxiety in the textbooks that are used in the basic speech course. Mary Pelias (1989) did an extensive examinations of textbooks in this field. She selected 25 basic public speaking textbooks, 12 of which were the result of a survey given to 125 course directors affiliated with the SCA. The others were the ones that were most available from publishers. She found that there were only 36% of the books that had a separate unit on stage fright and, although the mean was 9 pages on the subject, that average was artificially high because a few had many pages and some had almost none. This indicated that instructors must supplement the text with treatments if it is in their interest to do so. Most of the texts used the old "prepare, practice, relax, think positively, focus on the audience, get as much experience as possible, etc." If this situation is to be altered, it will take direct suggestion of instructors to publishers.

Pelias stated that the treatment of this subject may be poor because the majority (60%) of the textbooks were revised from former editions and in multiple printings. Much of the material was also dated. Unfortunately, her findings suggest that "little has changed over the past thirty years in the textbook treatment of CA."

Research Questions

Much research in this area has been conducted by assessments using Likert-type self-report inventories. There is a decided lack of research on self-reports of speech anxiety through essays. Using the assumption that there are new methods for identification and, ultimately, for intervention, this study was designed to investigate speech anxiety in the basic course, by means of pre and post essays, assigned to students at the beginning and at the end of the semester. Information from these essays would be used to develop an instrument for pre and post testing along with pre and post essays.

The following questions were considered in the beginning of this investigation: Will students honestly report their feelings on stage fright in essay form at the beginning and at the end of the semester? What physical and psychological symptoms and problems do students have? Can an instrument be designed from essay responses of students and used along with the essays for speech anxiety identification?

Students were more than willing to share their anxieties as well as their physical and psychological symptoms and problems. With this information, a questionnaire was designed. This paper will address the following research questions.

Q1: Do students feel that there is a need for a unit on stage fright in the basic course?

Q2: Do students feel that any discussion about stage fright is helpful?

Q3: Is the level of student speech anxiety higher at the beginning of the semester than at the end of the semester?

Q4: Is the level of speech anxiety the same for both regular and honors sections of the basic speech course?

Q5: Do the physical and psychologic symptoms of student speech anxiety change from the beginning to the end of the semester?

Q6: Is there a correlation between student self reported levels of speech anxiety and peer reported levels of individual student speech anxiety?

Q7: Is there a correlation between student reported levels of speech anxiety with their delivery grades?

Procedures

Subjects

Subjects for this study were 83 students enrolled in three classes in the basic speech communication course, in the Fall of 1990, at a southwestern multiuniversity. After completion of the semester, 73 students remained (53 from regular classes and 20 in an honors class).

The speech communication course at this university is a sophomore level course and is required of most majors in Arts & Sciences, Education and Home Economics and is required for all Business majors. The course may be selected as a social science elective in Engineering and Technology. The students at this university typically begin college after completing high school.

There were 28 sections of the basic speech course in the Fall of 1990 (including an honors section), and there are 29 sections in this Spring of 1991 (including an honors section). Twenty three of the sections in the Fall (same number for the Spring) were taught by supervised teaching

assistants in the speech communication graduate program. Five sections were taught by junior/senior faculty.

Students have six projects in the basic course, 1 1/2 to 8 minutes in length. There are 3 out of a possible 17 grades given for delivery. The textbook has no unit on speech anxiety so, if information is given on this topic, it is at the instructor's discretion.

The following is self-reported information from the three courses in this study: (1) The mean age of student subjects was 21 years (20.9863; SD 3.5997), although they ranged from 18 to 38. (2) There were 43 males and 30 females. Eighteen of the 73 were married. (3) In the study, 8 (10.96%) were freshman, 31 (42.47%) were sophomores, 24 (32.88%) were juniors and 10 (13.70%) were seniors. (4) Most subjects were in the College of Business (38.36%) and the College of Arts and Sciences (31.51%). The next largest group was the College of Home Economics (12.33%), followed by the College of Education (6.85%), the College of Engineering and Technology (5.48%), the College of Agriculture (4.11%), and one undeclared student (1.37%).

Procedures

Before the first speaking project, students were asked to turn in a 2 page essay on their perceptions of their speech anxiety, to be completed outside of class. No directions were given as to what might be contained in the essay, leaving the subject open.

After the essays were collected, there was a 30 minute discussion about speech anxiety. Information concerning the causes of speech anxiety, along with instructions for breathing and relaxation exercises, was given. There was also a 10 minute sharing of feelings about speech anxiety. Students were willing, if not eager, to do this. Before each speaking assignment, references were made back to the original discussion and reminders about breathing and exercises were given. Before beginning their speeches, students were asked to take time to stretch and to take deep breaths.

From the pre essay student information, a questionnaire was designed. The questionnaire had an area for demographic information, some general questions, with a Likert-like response scale, and a section on the beginning and the end of the semester speech anxiety symptoms, with a Likert-like response scale. In a final section, there were two questions with yes and no responses and five which asked for word or sentence responses. This questionnaire was given to students after their final presentation for the semester and was

collected at the end of that class. A final essay assignment was assigned, to be done outside of class.

This pilot study provided information used in conducting another study in the Spring of 1991. The questionnaire was administered as pre and post tests, and pre and post essays were requested. Changes and revisions, as a result of the fall study, were made. The study is being continued this Fall of 1991 and will be done in the Spring of 1992.

Results of the Essays

On the pre essay, students seemed eager to express their feelings and concerns about the subject and were most candid. Many had humiliating stories about past speaking experiences. Every student expressed some fears. The pre essay gave provided clear indications of which students had the most problems with stage fright which would be useful for interventions. The questionnaire was developed as a result of these responses. The following are responses from the pre essay.

"Speaking before an audience is for me like riding on a roller coaster."

"Being judged is awful. I am the center of attention. All eyes are on me listening for every word, every goof."

"I am nervous; I sweat and talk in a squeaky voice. It is the natural high you get from facing fear. I am outside myself, and when I finish, I don't remember what I said."

"I don't want to sound stupid to others. I freeze and feel sick at my stomach."

"I lower my head and hide behind a podium or anything; I am terrified to look away from my notes."

" I experience sheer terror and self consciousness; it is like the pain from shots at the doctor."

"When people laugh, I feel that it is at me. A little flaw is a serious one for me."

"My hands shake and I barely breath. People always laugh when I speak. Why?"

"My feet even sound loud when I walk to the podium. All my senses are alive. I know that I look like a fool. I feel small. Everyone then stares at me, and I feel so stupid."

"I feel nauseated. I feel that I have inhaled all the

air left on earth. I was humiliated speaking once in high school and I will never live it down."

"There are several physical signs for me: first my hands get sweaty and then my stomach twists into a giant knot. Top it off with an indescribable warm, sometimes hot, sensation throughout my body, and there you have it, the most awkward speaker in the world. I worry about choking on my tongue and drooling."

"I always have been a prisoner of stage fright, in all my academic endeavors. I will be wrong and everyone will laugh. I had put off taking this class for some time because I didn't want to deal with my stage fright problem. For me, stage fright has been like the bogey man in my nightmares."

In general, students seemed calmer in their responses on the post essays. A good relationship with their fellow students, experience with speaking in the classroom situation had generated some positives in their feelings toward speaking. In general it was felt that preparation, practice and experience had paid off, at least for their classroom experience. The following comments were on the post essays.

"At the beginning, everyone would quietly confer with neighbors about the dread of speaking. Through our common fear, we were able to group together and eventually become friends. Talking about the nervousness was a way for us to find out about others' stage fright. It was also a way for us to get tips from one another."

"I had no idea that I would be put through so much torture. I used to be a wrestler and before every match, I got very nervous. This class doubled that. I took 17 hours this semester, and this was my hardest class. This was because I was so nervous."

"Another thing that caused some knee knocking was the fact that this was an honors class. Ordinarily this wouldn't bother me. And, until the second speech, it didn't. Honors students tend to take themselves far too seriously and they go out for blood when they see an opening in another person's intellectual armor."

" I speak rapidly when I'm scared. I skip words and entire sections. My voice becomes monotone. Nothing works to overcome my fears."

"Confusion clutters my thoughts, and I don't remember what I said. It is a total blur."

Results of the Questionnaire

Following are responses to Part II, III, and two questions from Part IV of the questionnaire (Part I was the demographics section:

In Part II of the questionnaire, 13 questions were asked. The following is a report of those questions. The responses to questions 1 through 12 were from taken on a 7 point scale, strongly disagree to strongly agree.

Table 1

		Mean	Standard Deviation
1.	I avoided taking speech due to my stage fright fears.	3.78	2.16
2.	I am now over my stage fright fears.	4.14	1.62
3.	I feel that I will be able to use the speaking skills that I learned in Speech 2713 when I speak in front of future groups.	5.64	1.38
4.	I believe that some stage fright, as nervous energy, can be helpful.	4.69	1.91
5.	When I am thoroughly prepared, I feel less stage fright.	5.82	1.38
6.	Stage fright feels worse than it appears to the audience.	5.92	1.33
7.	Deep breathing and relaxation techniques just before speaking help me control my stage fright.	4.53	1.55
8.	Practicing my speech helps me to have more confidence.	5.71	1.41
9.	Once I begin speaking, much of my stage fright lessens.	5.03	1.60
10.	The more experience I have in speaking, the more confidence I have.	5.47	1.38
11.	I would have liked to have had a unit on overcoming stage fright in this course.	5.79	1.26
12.	I look forward to future opportunities to speak in public.	4.21	1.65
13.	After our class discussions concerning stage fright, my stage fright ... (Greatly Decreased - No Change - Greatly Increased)	2.96	1.22

In Part III of the questionnaire, there were 20 response areas concerning speech anxiety at the beginning of the semester and 20 response areas concerning speech anxiety at the end of the semester. The first question in each area asked for levels of perceived stage fright. The rest of the

questions asked for levels of perceived stage fright symptoms, both physical and psychological. The following is a report of those questions. The responses were taken on a 7 point scale, none to a lot.

Table 2

Hypothesis Tests for Means
Difference Between Means: Paired Observations N = 73

	Mean	Standard Deviation	t value*
1. My level of stage fright at the beginning of Speech 2713 was:	5.65	1.48	
My level of stage fright at the end of Speech 2713 was:	3.50	1.49	13.56

The means and standard deviations for the next set of questions (2 - 20) are listed answers for the beginning of the semester first and the end of the semester second. The t test for the pair is at the end of each pair.

When I first spoke in class, I had the following symptoms of stage fright:

Since taking Speech 2713, I now have the following symptoms of stage fright:

	Mean	Standard Deviation	t value*
2. Stumbling over words	4.67	1.52	
	3.18	1.39	8.95
3. Excessive perspiration	2.93	1.95	
	2.03	1.46	5.38
4. Tremor of knees, hands, etc.	4.78	2.02	
	3.11	1.81	8.79
5. Cold hands and feet	3.15	2.16	
	2.52	1.86	4.12
6. Dry Mouth	4.05	2.09	
	2.90	1.91	6.41
7. Tense Muscles	3.74	1.89	
	2.64	1.64	6.76
8. Sick Feeling	3.52	2.22	
	2.49	1.72	5.38

9. Cramps, butterflies	3.58 2.42	2.27 1.66	6.41
10. Not enough breath	2.78 1.78	2.08 1.29	4.87
11. Inability to look at audience	2.82 1.82	2.10 1.17	5.53
	Mean	Standard Deviation	t value*
12. Inability to finish speaking	1.92 1.34	1.60 .87	3.72
13. Inability to produce voice	1.93 1.33	1.75 .83	3.55
14. Hoarse, squeaky, weak voice	2.53 1.51	2.04 1.06	5.14
15. Feeling inferior	3.05 2.00	2.05 1.41	5.83
16. Feeling audience disapproves	2.93 2.16	2.06 1.52	3.96
17. Being the center of attention	3.75 2.48	2.23 1.59	7.34
18. Afraid of looking foolish	4.33 2.70	2.15 1.70	8.14
19. Forgetting some of the speech	4.62 3.07	1.81 1.74	9.22
20. Feeling out of control	3.38 2.23	2.10 1.56	6.69

* all $p < .001$

In Part IV of the questionnaire, there were 2 response areas requiring a yes (1) or a no (2).

PART IV	Mean	Standard Deviation
1. Was Speech 2713 a requirement for your major? Yes No	1.11	.31
2. Have you ever had a bad experience speaking before a group? Yes No	1.72	.45

Research Questions

Q1: Do students feel that there is a need for a unit on stage fright in the basic course?

Students did feel that there should be a unit on stage fright. In the responses for Part II of the questionnaire, item 11 (Table 1), the mean was 5.78 and the standard deviation 1.26. It is interesting to note individual scores on this question because no one responded that he/she disagreed. Sixty-three per cent responded with a 6 or 7 indicating high agreement.

Numbers 1 to 7 (Disagree to Agree)	Student Responses	Per Cent
1	0	0.00
2	1	1.37
3	1	1.37
4	13	17.87
5	12	16.44
6	17	23.29
7	29	39.73

Q2: Do students feel that any discussion about stage fright is helpful?

Students did feel that any discussion about stage fright was helpful. In the responses for Part II of the questionnaire, item 13 (Table 1), the mean was 2.96 and the standard deviation 1.22. It is interesting to note individual scores on this question because no one responded that he/she disagreed. Thirty-five per cent responded with a 6 or 7 indicating high agreement.

Numbers 1 to 7 (Stage fright greatly decreased to greatly increased.)	Student Responses	Per Cent
1	12	16.44
2	14	19.18
3	16	21.92
4	28	38.36
5	2	2.74
6	1	1.37
7	0	0.00

Q3: Is the level of student speech anxiety higher at the beginning of the semester than at the end of the semester?

Q4: Is the level of speech anxiety the same for both regular and honors sections of the basic speech course?

In part III, item 1, the questions was asked about students' perceptions of their perceived levels of stage fright at the beginning of the semester and at the end of the semester.

The level of student speech anxiety was higher at the beginning of the semester than at the end of the semester. There was no difference between the regular classes (Groups 1 and 2) and the honors class (Group 3).

An analysis of variance showed no difference between the 3 groups on their beginning perceived levels of stage fright.

		Mean	N
Group 1	Regular	6.11	27
Group 2	Regular	5.50	26
Group 3	Honors	5.64	20
Grand Mean		5.64	73

F = 2.48 p = .09

An analysis of variance showed no difference between the 3 groups on their ending perceived levels of stage fright.

		Mean	N
Group 1	Regular	3.78	27
Group 2	Regular	3.31	26
Group 3	Honors	3.40	20
Grand Mean		5.64	73

F = .723 p = .49

An analysis of variance also showed no difference between the 3 groups on their perceptions that class discussions decreased stage fright.

		Mean	N
Group 1	Regular	3.04	27
Group 2	Regular	2.66	26
Group 3	Honors	3.26	20
Grand Mean		2.96	73

F = 1.46 p = .24

Q5: Do the physical and psychological symptoms of student speech anxiety change from the beginning to the end of the semester?

Physical and psychological symptoms of student speech anxiety do change from the beginning to the end of the first semester. In Part III, Table 2, a t test was used to examine this difference. All t values were significant at $p < .001$.

Q6: Is there a correlation between individual student self reported levels of speech anxiety and peer reported levels of individual student speech anxiety?

In part IV of the questionnaire, students were asked, in question 5, to name the four students in the class with the least apparent stage fright. In question 6, students were asked to name students in the class with the most apparent stage fright. The responses from these two questions were correlated with student responses in Part II, question 1, which asked for the students' levels of stage fright at the beginning and at the end of the first semester.

There was a significant correlation between self-reported levels of speech anxiety and levels of speech anxiety attributed to them by their peers. It was .43126 at the beginning of the semester and .29126 at the end of the semester.

Critical Value (1 Tail, .05) = .19414

Correlations were done for the other responses in Part II. One was of special interest. Item 11, inability to look at audience, was strongly correlated. The correlation between self reported inability to look at audience and peer reports of students with the least and the most apparent stage fright was .48052 at the beginning of the semester and .44182 at the end of the semester. This was the largest correlation among the specific stage fright symptoms and may be the key indicator for the peer group judgment. It was significant.

Critical Value (1 Tail, .05) = .19414

Q7: Is there a correlation between student reported levels of speech anxiety with their delivery grades?

In Part III of the questionnaire, students were asked to report on their levels of stage fright at the beginning and at the end of the semester. These were correlated with three delivery grades that each student received.

The correlation between student self reported levels of speech anxiety with their delivery grades was significant, .30263 and .23325.

Critical Value (1 Tail, .05) = .19414

Recommendations

The results of this study showed the speech communication student as vulnerable and needing help. There are many ways in life to hide insecurities, but in a presentation before a class, students stand alone with fears of humiliating themselves. The emotional trauma can cause permanent hurt that will be long remembered and the possibility that further speech communication experiences will be avoided as much as possible. Instructors in public speaking courses have the responsibility to help students gain some control of their speech anxiety. I suggest the following recommendations.

1. Have a unit on speech anxiety. If it is not included, or inadequately covered in your text, then extra materials are necessary. Find intervention techniques. Reviews of methods to control speech anxiety should be done before each presentation project. Reminders should be given to each student prior to speaking.

2. Ease students into the initial speaking experience with manuscript presentation to get them up in front of the group for the first time.

3. Have the students get to know each other at the beginning of the class by having a discussion project. Familiarity with other students seemed to alleviate some fears. It helped students to understand that their fellow students were friends who would support them and who would be facing like experiences.

4. Showing videotapes of students who have speech anxiety problems seem to be preferable in teaching students characteristics about good content and delivery. This works for visual aids as well. Students seem to learn more from seeing poor examples than from seeing good examples.

5. Videotape at least one student speech and show to it to the students in a conference. Students are extremely critical and insecure about themselves and will look for the negative parts of their delivery. This private conference is a time to present positive criticism and to make constructive suggestions.

6. Have students analyze signs of speech anxiety in non classroom speakers by assignilng outside listening reports.

7. Plan your critiques to be positive experiences for the student. When a student receives a critique in class, it

can often cause great humiliation. Constructive, helping comments should always be done in general and at the end of class. Give students no more than 2 or 3 items to work on for their next presentations. Written comments may be more specific. Remember, students are terrified of looking foolish in front of other class members. Teaching assistants need to be counseled on how to give critiques; samples of written critiques need to be given to them.

8. Have a conference with each student, preferably with a videotape of the student's performance to discuss.

9. Ask students to keep a diary of their problems with speech anxiety for each project, how they felt before, during and after their presentations.

10. Assign pre and post essays, pre and post questionnaires, or both, so you will be aware of who is having problems.

11. Learn more about successful interventions. Keep the problem in focus. It is a problem and, if not addressed, will not be corrected.

Future research will be a continuing suggestion. Understand the reasons which cause speech anxiety, be able to identify it and be able to employ interventions. Helping students with speech anxiety should be the goal of every instructor in the basic course and other public speaking courses.

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